

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G	32	7/6/01
O.I.P.E. CLASSIFIER	MM	572	08-17-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Original	Date
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
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46	✓	
47	✓	
48	✓	
49	✓	
50	✓	

Claim	Original	Date
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Claim	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

306/572

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